



Name of minor client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### AGREEMENT FOR PARTICIPATION

We would like to welcome you to our office. We exist as God's hand reaching out to the broken and hurting by providing, at no cost, emotional, and spiritual assistance. Our counseling sessions have NO cost to the recipient at any time.

- A full counseling session typically lasts 50-55 minutes.
- To serve the better interests of all clients, some cases may require a referral.
- Referrals are subject to fees.
- Participation is voluntary.
- Services to be received: Biblically-based counseling, consulting, and intervention.

#### CONSENT FOR PARTICIPATION

I hereby authorize Beacon of Hope Ministries to provide the following services to the minor listed above: outpatient counseling that will include spiritual interventions introduced in a time and manner that will most benefit the client. These practices may include prayer for and with the clients, Bible reading and reference, the use of Biblical imagery, and assistance with spiritual formation and discipline.

#### COUNSELING GOALS

Beacon of Hope believes in working in cooperation to develop a clear picture of goals for the minor's counseling. We are committed to honoring your time by having a plan for counseling. We will review this plan with you on a monthly basis. Our hope is that upon conclusion of counseling services, the minor is able to carry what they have experienced and learned in counseling on towards a better future.

#### CONFIDENTIALITY

It is important for the minor client to build a trusting relationship with their counselor in order for counseling to be viewed as a safe place. All parents and guardians are invited to participate in the counseling process. The extent of your involvement will be based on the discretion of the counselor and the developmental stage of the minor. Any information provided by one parent or guardian may be shared with the other parent or guardian at the discretion of the counselor.

I understand and agree that the minor client's disclosures and communications are considered privileged and confidential except to the extent that I authorize the release of information, or under certain conditions outlined in the following:

- Where harmful neglect or abuse of children or others is suspected.
- Where imminent danger to the client or community is known.

#### COURT INVOLVEMENT

The minor's counselor will not engage in communication with attorneys or mediators for either parent or guardian. In order to preserve the counseling relationship, the counselor will not provide custody or visitation recommendations, unless all legal guardians and the counselor agree it is in the best interest of the minor, or counseling records are subpoenaed.

\*\*I have [  Joint /  Full ] **legal custody** and/or [  Joint /  Full ] **physical custody** of the minor listed below:

I understand that I may revoke this authorization by submitting my request in writing to Beacon of Hope.

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Signature of Parent or Legal Guardian	Name (please print)	Date
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Witness	Date
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\*\*In cases of joint custody, consent from all parents or guardians are required in order to treat a minor, except in emergencies.